

JAN 28 1929

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

39205

1. PLACE OF DEATH

County Vernon  
Township  
City Nevada (No. \_\_\_\_\_) Ward \_\_\_\_\_

Registration District No. 875  
Primary Registration District No. 3039

File No. \_\_\_\_\_  
Registered No. 272  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

William P. Anderson

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward, \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male white Baby

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Baby

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 20 - 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Nevada  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Roy M. Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ruby Fey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Arkansas  
(STATE OR COUNTRY)

14. INFORMANT Roy M. Anderson  
(Address) Nevada, Mo.

15. FILE NO. 12-17-28 REGISTRAR E. P. King

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 29 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 26th, 1928, to Nov. 29, 1928, that I last saw him alive on Nov. 29, 1928, and that death occurred, on the date stated above, at 11:45 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Congestive Heart  
1576 (duration) yrs. mos. ds. 9

CONTRIBUTORY (SECONDARY) 1576 B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH?

18 DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Thomas B. Todd, M. D.

1928, 1928 (Address) Nevada, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Deepwood Cemetery DATE OF BURIAL Nov. 30 1928

20. UNDERTAKER Allen V. Hays, Nevada, Mo. ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

